PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10808776

ł		CLAIMS A	S FILED	- PART	l		SMALL E	NTITY		OTHE	D THAN
			(Column 1)		(Column 2)		TYPE [OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			119				RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUM	BER EXTRA	BASIC FE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS							XS 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		•		X43=		OR	X86=	
М	ULTIPLE DEPE	NDENT CLAIM F	PRESENT				+145=		OR	+290=	
•	f the differenc	e in column 1 is	less than :	ess than zero, enter "(column 2	TOTAL		OR	TOTAL	777
	(CLAIMS AS	AMENDE	DED - PART II				<u> </u>		OTHER	THAN
	<u>. — — — — — — — — — — — — — — — — — — —</u>	(Column 1)		(Colum		(Column 3)	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUMB PREVIO	HIGHEST NUMBER PREVIOUSLY PAID FOR		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	<u> </u>	=	X43=		OR	X86=	
	FIRST PRESI	ENTATION OF M	OLTIPLE DE	PENDENT	CLAIM		+145=		OR	+290=	
						•	TOTAL		┧╓╏	TOTAL	
		(Column 1)		(Colum	o 2) .	(Column 3)	ADDIT, FEE			ADDIT. FEE	
В		CLAIMS		HIGHE	ST			ADDI-) г		ADDI-
MENDMENT		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID F	JSLY.	PRESENT EXTRA	RATE	TIONAL		RATE	TIONAL
	Total ·	*	Minus	**		=	X\$ 9=		OR	X\$18=	•
	Independent	*	Minus	***		=	X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEI	PENDENT	LAIM		+145=		OR	+290=	
							TOTAL	, ,	_ L	TOTAL	
		(Column 1)		(Columr	r:21	(Column 3)	ADDIT. FEE L		Α	DDIT. FEE L	
<u> </u>		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	RATE	ADDI- TONAL FEE		RATE	ADDI- TIONAL
	Total	•	Minus	**		· =	X\$ 9=		<u>.</u>	X\$18=	FEE
	Independent	*	Minus	***		=	├ ─ ─┤	\dashv	OR		
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X43=		OR	X86=	
• If (the entry in colum	n 1 ic lees than th-	ooto in anton	ma 0b. aa	•:	0	+145=		OR	+290=	
H	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OF									TOTAL DIT. FEE	
 H	THE HIGHEST NIVE		イ ミヘグ はい てしいり	C CDAACE :- 1-		2				JUII. FEE 🛌	